

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

5761

1. PLACE OF DEATH
86 County Cyrtmar Registration District No. 714
Township Jackson Primary Registration District No. 5949
City (No.) St. Ward

2. FULL NAME John Noland
(a) Residence, No. St. Ward

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marge Noland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25-1860</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>8</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sabra, Mo</u>		
13. NAME <u>Doster Noland</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know 318</u>		
15. MAIDEN NAME <u>Sarah Glasgowpe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Clarence Noland Lacklone, Mo #1R72</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Liberty</u> DATE <u>Feb 26 1932</u>		
19. UNDERTAKER (ADDRESS) <u>J. H. Hyde & Son Hicksville, Mo.</u>		
20. FILED <u>Feb. 26, 1932</u> <u>J. H. Hyde</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:
No. medical attendances
Sudden death
199

Other contributory causes of importance:
(Signature)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Frank Quail Carraway
(Address) Don't know Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

